STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155132	A. BUILDING _____ B. WING _____	C 09/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE REGIONAL REHABILITATION	**255 MEADOW DR DANVILLE, IN 46122**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00115285 and IN00115448. This visit was in conjunction with a Post Survey Revisit to the Investigation of Complaint IN00112794 completed on 08/02/12 Complaint IN00115285 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00115448 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: September 10 & 11, 2012 Facility number: 000057 Provider number: 155132 AIM number: 100266570 Survey team: Christi Davidson, RN-TC Lora Brettnacher, RN Census bed type: SNF: 17 SNF/NF: 74 Total: 91 Census payor type: Medicare: 16 Medicaid: 61 Other: 14 Total: 91 Sample: 3 Danville Regional Rehabilitation was found to be in compliance with 42 CFR Part 483, Subpart B	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155132	A. BUILDING _____ B. WING _____	C 09/11/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE REGIONAL REHABILITATION	**255 MEADOW DR DANVILLE, IN 46122**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 and 410 IAC 16.2 in regard to the Investigation of Complaints IN00115285 and IN00115448. Quality review completed 9/12/11 Cathy Emswiller RN	F 000		